

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010389

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 58

STATE FILE NUMBER

VS 300
Rev. 4/59

0355

203552

3

4 2

5 1

6

7 1

8 2

9 151X

10

11

12 90-0

13 5-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

FILED APR 3 1962

1. PLACE OF DEATH

a. COUNTY

Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Kennett

Length of stay in 1b

4 Weeks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

1105 Baldwin

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Dunklin

admission)

c. CITY

OR

TOWN

Kennett

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

1105 Baldwin

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

GRUNDY

Middle

(NMI)

Last

SUTTON

4. DATE

OF

DEATH

Month

Day

Year

March 18, 1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

6/8/1900

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fireman

10b. KIND OF BUSINESS OR INDUSTRY

Cotton Compress

11. BIRTHPLACE (City and state or country)

Covington, Tenn.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Allen Sutton

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Solenia Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Solenia Sutton

Kennett Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer of Stomach

INTERVAL BETWEEN ONSET AND DEATH

1 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan. 27 1962

to

March 15 62

and last saw her

him

alive on 3-15-62

Death occurred at

10:00 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James Baldwin M.D.

22b. ADDRESS

217 College St. Kennett Mo

22c. DATE SIGNED

3-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/21/62

23c. NAME OF CEMETERY OR CREMATORY

Willoughby Cemetery

23d. LOCATION (City, town, or county)

Kennett, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Emerson's Baldwin F.H. Kennett, Mo.

25. DATE RECD. BY LOCAL REG.

3-28-1962

26. REGISTRAR'S SIGNATURE

Carol J. Harkness

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. J. Emerson

Licensed Embalmer No. 5148

P. O. Address Kennett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.